

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF SAFETY  
DIVISION OF ADMINISTRATION  
**Road Toll Bureau**  
33 Hazen Drive  
Concord, NH 03305  
Tel. (603) 271-6183  
TDD Access: Relay NH 1-800-735-2964

**ROAD TOLL REFUND APPLICATION  
MUNICIPAL AND COUNTY  
TAX PAID DIESEL ONLY**

**FOR OFFICIAL USE ONLY:**

CLAIM NUMBER	
CLASS NO.	NO. MOS.
APPROVED	DISALLOWED
GALS.	GALS.
\$	\$
BY	REASON NO.
DATE	

CITY, TOWN, SCHOOL DISTRICT, VILLAGE DISTRICT OR COUNTY				DEPARTMENT	
(OFFICE ADDRESS) STREET	CITY/TOWN	STATE	ZIP CODE	TELEPHONE NUMBER	

**This is to certify that the above has purchased diesel upon which the road toll has been paid and the diesel purchased was subsequently used in motor vehicles owned by the applicant, in accordance with RSA 260:47.**

Period of \_\_\_\_\_ yr. \_\_\_\_\_ through \_\_\_\_\_ yr. \_\_\_\_\_

**APPLICANT'S CLAIM**

1. Total gallons, as per attached invoices	Gals.
2. Total gallons consumed:	Gals.
3. Amount of refund (Line 2 X .18¢)	\$ _____

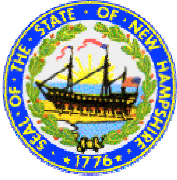
**Only photocopies**, bearing the name and address of the supplier and the **NAME OF THE APPLICANT** together with evidence of payment must be attached.

**Evidence of payment:** each invoice must be receipted by the supplier as being paid, or if payment is made by check, the date of payment and check number must be supplied.

The special fuel must actually be used and the refund applied for **within two (2) years after the date of purchase or invoice. MINIMUM REFUND IS TEN DOLLARS (\$10.00).**

Evidence of erasures or changes in either the dates, amounts shown in the invoice or evidence of payment shall result in the invoice being disallowed.

Signature \_\_\_\_\_ Title \_\_\_\_\_



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**ROAD TOLL REFUND APPLICATION  
FARM USE ONLY**

**FOR OFFICIAL USE ONLY:**

CLAIM NUMBER	
CLASS NO.	NO. MOS.
APPROVED	DISALLOWED
GALS.	GALS.
\$	\$
BY	REASON NO.
DATE	

\_\_\_\_\_  
(NAME OF APPLICANT)

\_\_\_\_\_  
(STREET) (CITY/TOWN) (STATE) (ZIP CODE) (TELEPHONE NUMBER)

The above applicant has purchased and used for Farming purposes herein stated Motor Fuel on which Road Toll has been paid. All equipment using Motor Fuel must be listed on the reverse side, and total Motor Fuel consumed must be accounted for.

**ORIGINAL INVOICES** of all **GASOLINE PURCHASES**, **PHOTOCOPIES OF INVOICES** for all **ON-ROAD DIESEL PURCHASES**, bearing name & address of supplier and the **NAME OF THE APPLICANT together** with evidence of payment must be attached. **Evidence of Payment:** Each invoice must be receipted by supplier as being paid, or if payment is made by check, date of payment together with check number must appear on the invoice. **No gasoline invoice** shall be returned to an applicant. If there is any evidence of erasures, or changes in either dates or amounts shown on invoices or of payment of road toll, the application will be disallowed in its portion.

Motor Fuel must be **ACTUALLY USED AND REFUND APPLIED FOR** WITHIN **TWO (2) YEARS** OF THE DATE OF PURCHASE OR INVOICE OF THE MOTOR FUEL FOR WHICH THE REFUND IS CLAIMED. **MINIMUM REFUND IS TEN DOLLARS (\$10.00)**. APPLICATIONS FOR LESS THAN TEN DOLLARS (\$10.00) WILL **NOT** BE ACCEPTED.

**APPLICANT'S CLAIM**

Fuel Used for the Period of \_\_\_\_\_ thru \_\_\_\_\_ yr. \_\_\_\_\_  
GASOLINE UN-DYED DIESEL

1. Total gallons, as per attached invoices	Gals.	Gals.
2. Total gallons consumed <b>ON</b> public ways (col. 5 – line 17 – <b>reverse side</b> )	Gals.	Gals.
3. Total gallons consumed <b>OFF</b> public ways (col. 6 – line 17 – <b>reverse side</b> )	Gals.	Gals.
4. Amount of refund (Line 3 X .18¢)	\$ _____	\$ _____

**TYPE OF FARMING (Check One)**

Dairy ☐ Poultry ☐ Custom ☐ Orchard ☐ Truck ☐ General ☐

Location: \_\_\_\_\_  
(CITY / TOWN) (STATE)

Signature of Applicant: \_\_\_\_\_